FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062893

1. Corporation Name

CARTAGROVE, INC.

| Principal Place of Business Mailing Address | | Mailing Address | | | | | | |
|---|--------------------------------|--|-------------|---------------------|---|---------------|---------|-----------------|
| | | 13334 POLO CLUB RD #339 WELLINGTON FL 33414 | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 07/25/1996 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Apt | lied For |
| 21 | · | 26 | | | 65-0717184 | | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8 | .75 A | dditional |
| 22 27 | | | | | 5. Certificate of Status Desired | F | ee Rec | quired |
| City & State City & State | | | | | 6. Election Campaign Financing | | 5.00 t | viay Be |
| 23 | | 28 | | | Trust Fund Contribution | A | dded to | Fees |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes the current ye | ar Intangible | a | v |
| 24 | 25 | 29 30 | 0 | | Personal Property Tax. | ☐ Ye | s | X _{No} |
| | 9. Name and Address of Current | Registered Agent | | , | 10. Name and Address of New Regis | ered Agent | | |
| MAD | TIM OFFILE A | | 81 | Name | | | | |
| MARTIN, GERALD A | | | | Street Add | dress (P.O. Box Number is Not Acceptable) | | | - |
| 1201 U.S. HIGHWAY ONE | | | | | , | | | |
| SUITE 215 | | | 83 | | | | | |
| NORTH PALM BCH FL 33408 | | | 104 | 0:4 | · | last | 7:- 0 | |
| | | | 84 | City | | FL 85 | Zip C | ode |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | | |
| | | | | nt signature requir | | TE | | |
| 12. | D OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIR | | Addition |
| TITLE | _ | L_I DELETE | 1.1 TITLE | | | | ıalığe | - C Addinois |
| NAME | SANCHEZ, ALBERTO C | | 1.2 NAME | | | | | |
| STREET ADORESS | 13334 POLO CLUB RD #339 | | | TADDRESS | | , | | } |
| CITY-ST-ZIP | WELLINGTON FL 33414 | — — — — — — — — — — — — — — — — — — — | 1.4 CITY-S | T-ZIP | | | | T A LEE |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | · | □ cr | ange | ☐ Addition |
| NAME | SANCHEZ, VIVIAN C | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | · · | | | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | 2. 4 CITY-S | ST-ZIP | | | | |
| TITLE | π | ☐ DELETE | 3.1 TITLE | | | CH | ange | Addition |
| NAME | IGLESIAS, JORGE | | 3.2 NAME | | | | | |
| STREET ADDRESS | 13334 POLO CLUB RD #339 | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE |] | | □ Cł | nange | Addition |
| NAME | CARTA, ALVARO L | | 4. 2 NAME | | | *, | | ļ |
| STREET ADDRESS | 13334 POLO CLUB RD #339 | | 4.3 STREE | T ADDRESS | | | | į |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | 4.4 CITY-S | T-ZIP | | | | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | | C | ange | ☐ Addition |
| NAME | MARTIN, GERALD A. | | 5.2 NAME | | • | | | I |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

- HACEL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1201 U.S. HIGHWAY ONE, SUITE 215

NORTH PALM BCH FL 33408

13334 POLO CLUB RD #339

WELLINGTON FL 33414

BROWN, MARTIN

(561) 793-6398

Change

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90110 017 ***150.00

Daytime Phone #

Addition